## California Resident Income Tax Return 2007

540 C1 Side 1

	year filere only: Enter month of year							O I Olde I
	year filers only: Enter month of yest name		nth year 20 st name	008.	Your SSN	or ITIN		D
If joint return, spouse's/RDP's first name Initial Last name					Spouse's/	Spouse's/RDP's SSN or ITIN		
Address (including number and street, PO Box, or PMB no.)						Apt. no./Ste. no. PBA Code		A
City (If	you have a foreign address, see page 9	9)			State Z	IP Code		RP
	f you filed your 2006 tax return und Taxpayer		it last name, write the	last name only from t  ● Spouse/RDP	he 2006 return.		1 1 1	
ing	1 Single 2 Married/RDP filing jointly. (so 3 Married/RDP filing separately If your California filing status is	. Enter spo	5 ○ Qualifying use's/RDP's SSN or IT		dent child. Enter yea ne here	r spouse/R[	OP died	·
	6 If someone can claim you (or y	our spouse/	RDP) as a dependent	, fill in the circle here (	see page 9)	•	6 🔾	
Exemptions	For line 7, line 8, line 9, and line 10 For line 7, line 8, line 9, and line 10 For line 7, line 8, line 9, and line 10 For line 7, line 8, line 9, and line 10 For line 7, line 8, line 9, and line 6 For line 7, line 8, line 9, and line 6 For line 7, line 8, line 9, and line 10 For line 7, line 8, line 9, and line 10 For line 7, line 8, line 9, and line 10 For line 7, line 8, line 9, and line 10 For line 7, line 8, line 9, and line 10 For line 7, line 8, line 9, and line 10 For line 7, line 8, line 9, and line 10 For line 7, line 8, line 9, and line 10 For line 7, line 8, line 9, and line 10 For line 7, line 10 For line 7, line 8, line 9, and line 10 For line 7, line 10 For line	4 above, endo not ente do not ente P) are visua DP) are 65 entionship. <b>D</b>	ter 1 in the box. If you or amount on line 7 Illy impaired, enter 1; or older, enter 1; if bo o not include yourse	i filled in 2 or 5, enter if both are visually imp th are 65 or older, ente f or your spouse/RDP al dependent exemptio	2	7	\$94 = \$ \$94 = \$ \$94 = \$	ole dollars only
Taxable Income 11 11 11 11 11 11 11 11 11 11 11 11 11	Your California star  • Single or Married. • Married/RDP filin. If the circle on line	me from Fo ions. Enter ess than zer s. Enter the Combine I nized deduc (RDP filing s g jointly, He 6 is filled in	rms 1040, line 37; 10 the amount from Sch to, enter the result in p amount from Schedu ine 15 and line 16 tions from Schedule tion shown below for separately ad of household, or Q , STOP. (see page 11)	40A, line 21; 1040EZ, edule CA (540), line 37 parentheses (see page elle CA (540), line 37, c	line 4		13 • 14 • 15 • 16 • 17	00 00 00
19	9 Subtract line 18 from line 17. Thi							00
21				ule OFTB 3800			_	00
Ze 22	•		•					00
	<ul><li>Subtract line 21 from line 20. If log</li><li>Tax (see page 13). Fill in the circl</li></ul>							00
2; 2							_	00
								00
\$\frac{1}{5}							00	
20	· · · · · · · · · · · · · · · · · · ·						00	
O 2	`						00	
20 20	<b>9</b> Add line 25 through line 28. Thes	,						00
0	Subtract line 29 from line 24. If le	-						00
								100
25 35 35 35 35 35 35 35 35 35 35 35 35 35							00	
<u>@</u> 32		- ,					00	
34 34 34 34 34 34 34 34 34 34 34 34 34 3			•				00	1
<del>=</del> 3⁴	4 Add line 30, line 31, line 32, and	line 33. This	s is your total tax				● 34	00

Your name:	Your SSN or ITIN:											
35 Total tax	c from line 34, Side 1		35	00								
	ia income tax withheld (see page 15)											
	A estimated tax and other payments (see page 15)		I									
	ate and other withholding, Forms 592-B, 593-B, and 594 (see page 15)											
	SDI. To see if you qualify (see page 15)											
E Child and De	pendent Care Expenses Credit (see page 16). Attach form FTB 3506.											
• 40	• 41											
<ul><li>42</li></ul>		43	00									
	$:$ 36, line 37, line 38, line 39, and line 43. These are your total payments (see page 16) $\dots$			00								
7												
I (I)	tax. If line 44 is more than line 35, subtract line 35 from line 44			00								
Amount o	of line 45 you want applied to your <b>2008</b> estimated tax			00								
Overpaid	tax available this year. Subtract line 46 from line 45											
<b>48</b> Tax due.	If line 44 is less than line 35, subtract line 44 from line 35		48	00								
0 ×												
9 × 49 Use	e Tax. <b>This is not a total line</b> (see page 16)	49	00									
	(											
		emorial Fund	● 56									
			m Fund • <b>57</b>	00								
			ion Fund • <b>58</b>									
Rare and End			• 59									
State Childre		١	60	00								
<b>S</b> CA Breast Ca	ancer Research Fund											
61 Add line	50 through line 60. These are your total contributions		• 61	00								
t e												
62 AMOUNT Mail to: F	TYOU OWE. Add line 48, line 49, and line 61 (see page 17). Do not send cash.			00								
Mail to: F	FRANCHISE TAX BOARD, PO BOX 942867, SACRAMENTO CA 94267-0001e—Go to our Website at www.ftb.ca.gov and search for Web Pay.	● 62		00								
Tay Ullill	ie – Go to our website at www.itb.ta.gov and search for web Fay.											
5 63 Interest,	late return penalties, and late payment penalties		63	00								
Tage 64 Underpay	yment of estimated tax. Fill in circle: $$ FTB 5805 attached $$ FTB 5805F attached $$		• 64	00								
₫ 65 Total amo	ount due (see page 18). Enclose, but do not staple, any payment		65	00								
	<b>OR NO AMOUNT DUE.</b> Subtract line 49 and line 61 from line 47 (see page 19).											
Mail to: F	FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002	● 66		00								
Fill in the info	rmation to authorize direct deposit of your refund into one or two accounts. Do not attach a	a voided check o	r a deposit slip (see page	19).								
Have you veri	ified the routing and account numbers? <b>Use whole dollars only.</b>			,								
0												
All or the folio	owing amount of my refund (line 66) is authorized for direct deposit into the account shown  Checking	n below:										
pu		1 1		_ 00								
• Routing nur	<b>67</b> Direct deposit amount											
Have you veri  All or the follo  Routing nur  The remaining												
The remaining	The remaining amount of my refund (line 66) is authorized for direct deposit into the account shown below:											
	□ Checking □ Savings □ □ □ Savings □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	1 1 .		. 00								
<ul> <li>Routing nur</li> </ul>			68 Direct deposit amount									
Ŭ	21		•									
	IMPORTANT: See the instructions to find out if you should attach a copy of your cor											
Sign	I declare that I have examined this return, including accompanying schedules and s	statements, and	to the best of my knowledge	edge and								
Here	belief, it is true, correct, and complete.  Your signature  Spouse's/RDP's signature (if a joint return, both n	must sign) Davtime	phone number (optional)									
11010		(	<b>)</b>									
It is unlawful to	. v	Date	/									
forge a spouse's/RDP's signature.	Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowl	Paid preparer's SSN/PTIN										
Joint return?	ı alu preparetə ətiyinatlıre (uecuaratıcı) or preparet is based on an information or which preparet has any knowl	leage)	aid proparer 5 John/F I IIN									
(see page 19)	Firm's name (or yours, if self-employed) Firm's address		FEIN									
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